

PTO/SB/01 (04-06)

Approved for use through 07/31/2008. OMB 0831-0032  
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<b>COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63); AND POWER OF ATTORNEY</b>		Attorney Docket Number	37389-405200
		First Named Inventor	BOYLE, Adrian
		<b>COMPLETE IF KNOWN</b>	
		Application Number	10/561,883
<input type="checkbox"/> Declaration Submitted With Initial Filing <b>OR</b> <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		Filing Date	December 23, 2005
		Art Unit	
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DIE BONDING

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

\* was filed on (MM/DD/YYYY) 12/23/2005 as United States Application Number or PCT International

Application Number 10/561,883 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.58.

I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign or U.S. Provisional Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119	
			YES	NO
GB	0315623.9	3 JULY 2003	X	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.58 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1460, Alexandria, VA 22313-1460.

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**DECLARATION – Utility or Design Patent Application  
and Power of Attorney**

I hereby appoint:

☒ Practitioners associated with the Customer Number:

27-717

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all  
correspondence to:☒ The address associated  
with Customer Number:

27-717

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**☐ A petition has been filed for this unsigned inventor

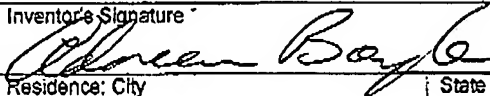
Given Name (first and middle (if any))

ADRIAN

Family Name or Surname

BOYLE

Inventor's Signature



Date

22/3/07

Residence: City

RATHANGAN

State

COUNTY  
KILDARE

Country

IRELAND

Citizenship

IRISH

Mailing Address

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City

RATHANGAN

State

COUNTY  
KILDARE

Zip

Country

IRELAND

**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventor

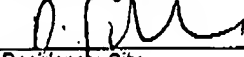
Given Name (first and middle (if any))

DAVID

Family Name or Surname

GILLEN

Inventor's Signature



Date

22/3/07

Residence: City

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3

Country

IRELAND

☐ Additional inventors or a legal representative are being named on the \_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

PTO/SB/01 (04-05)

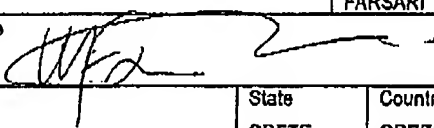
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**DECLARATION AND  
POWER OF ATTORNEY****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet

Page 1 of 1

<b>Name of Additional Joint Inventor, If any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
MARIA		FARSARI	
Inventor's Signature 		Date 02/03/2007	
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HERAKLION	CRETE	GREECE	GREEK
Mailing Address 2 <sup>ND</sup> PARODOS NIK, SPATHARIOU 5,			
City	State	Zip	Country
HERAKLION	CRETE	71307	GREECE
<b>Name of Additional Joint Inventory, If any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, If any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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